

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	715-34	05-31-00
O.I.P.E. CLASSIFIER		1/2	6-5-00
FORMALITY REVIEW		2004-77	8-7-00
RESPONSE FORMALITY REVIEW		64477	10-5-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/12/00
2	12/12/00
3	12/12/00
4	12/12/00
5	12/12/00
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8	12/12/00
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48	12/12/00
49	12/12/00
50	12/12/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

**BEST AVAILABLE COPY**

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